



**Massachusetts Department of Environmental Protection**  
Bureau of Waste Prevention – Air Quality

**CPA-PROCESS** (BWP AQ 02 Non-Major, BWP AQ 03 Major)

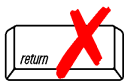
**Comprehensive Plan Application for Process Emission Unit(s)**

For Process Equipment Emitting 10 Tons or More of an Air Contaminant per  
Consecutive 12-Month Time Period.

Transmittal Number \_\_\_\_\_

Facility ID (if known) \_\_\_\_\_

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



**Type of Application:** ☐ BWP AQ 02 Non-Major CPA ☐ BWP AQ 03 Major CPA

**A. Facility Information**

1. Facility Name \_\_\_\_\_

2. Street Address \_\_\_\_\_

3. City \_\_\_\_\_

MA

4. State \_\_\_\_\_

5. ZIP Code \_\_\_\_\_

6. MassDEP Account # / FMF Facility # (if Known) \_\_\_\_\_

7. Facility AQ # / SEIS ID # (if Known) \_\_\_\_\_

8. Standard Industrial Classification (SIC) Code \_\_\_\_\_

9. North American Industry Classification System (NAICS) Code \_\_\_\_\_

10. Are you proposing a new facility? ☐ Yes ☐ No - If Yes, skip to Section B.

11. List ALL existing Air Quality Plan Approvals, Emission Cap Notifications, and 310 CMR 7.26 Compliance Certifications and associated facility-wide emission caps, if any, for this facility in the table below. If you hold a Final Operating Permit for this facility, you may leave this table blank.

Table 1			
Approval Number(s)/ 25% or 50% Rule/ 310 CMR 7.26 Certification	Transmittal Number(s) (if Applicable)	Air Contaminant (e.g. CO, CO <sub>2</sub> , NO <sub>x</sub> , SO <sub>2</sub> , VOC, HAP, PM or Other [Specify])*	Existing Facility-Wide Emission Cap(s) Per Consecutive 12-Month Time Period (Tons)

\*CO = carbon monoxide, CO<sub>2</sub> = carbon dioxide, NO<sub>x</sub> = nitrogen oxides, SO<sub>2</sub> = sulfur dioxide, VOC = volatile organic compounds, HAP = hazardous air pollutant, PM = particulate matter, specify if "Other"

12. Will this proposed process result in an increase in any facility-wide emission cap(s)? ☐ Yes\* ☐ No

\*If Yes, describe: \_\_\_\_\_



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## B. Equipment Description

Note that per 310 CMR 7.02, MassDEP can issue a Plan Approval only for proposed Emission Unit(s) with air contaminant emissions that are representative of Best Available Control Technology (BACT). See Section D: Best Available Control Technology (BACT) Emissions and the MassDEP BACT Guidance. See the instructions for a link.

1. Is this proposed project modifying previously approved equipment? ☐ Yes ☐ No

If Yes, list pertinent Plan Approval(s):

2. Is this proposed project replacing previously approved equipment? ☐ Yes ☐ No

If Yes, list pertinent Plan Approval(s):

3. Provide a description of the proposed project, including relevant parameters (including but not limited to operating temperature and pressure) and associated air pollution controls, if any:

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## Netting & Offsets

4. Is netting being used to avoid 310 CMR 7.00: Appendix A? ☐ Yes\* ☐ No – Skip to 5

\*If Yes, attach a description of contemporaneous increases and decreases in applicable potential (or allowable) nonattainment pollutant emissions over a period of the most recent five (5) calendar years, including the year that the proposed project will commence operating. For each emission unit, this description must include: a description of the emission unit, the year it commenced operation or was removed from service, any associated MassDEP-issued Plan Approval(s), and its potential (or allowable) nonattainment pollutant emissions. In any case, a proposed project cannot “net out” of the requirement to submit a plan application and comply with Best Available Control Technology (BACT) pursuant to 310 CMR 7.02.

5. Is the proposed project subject to 310 CMR 7.00: Appendix A Nonattainment Review? ☐ Yes\* ☐ No – Skip to 6

\*If Yes, pursuant to 310 CMR 7.00: Appendix A(6), federally enforceable emission offsets, such as Emission Reduction Credits (ERCs), must be used for this part of the application. Complete Table 2 on the next page to summarize either the facility providing the federally enforceable emission offsets, or what is being shut down, curtailed or further controlled at this facility to obtain the required emission offsets. Emission offsets must be part of a federally enforceable Plan Approval to be used for offsetting emission increases in applicable nonattainment pollutants or their precursors.

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**B. Equipment Description** (continued)

**Note:** Complete this table if you answered Yes to Question 5. Otherwise, skip to Question 6.

Table 2					
Source of Emission Reduction Credits (ERCs) or Emissions Offsets	Transmittal No. of Plan Approval Verifying Generation of ERCs, if Any	Air Contaminant	Actual Baselines Emissions (Tons per Consecutive 12-Month Time Period) <sup>1</sup>	New Potential Emissions <sup>2</sup> (Tons per Consecutive 12-Month Time Period After Control)	ERC <sup>3</sup> or Emission Offsets, Including Offset Ratio & Required ERC Set Aside (Tons per Consecutive 12-Month Time Period)

<sup>1</sup> Actual Baseline Emissions means the average actual emissions for the source of emission credits or offsets in the previous two years (310 CMR 7.00: Appendix A: Emission Offsets and Nonattainment Review).

<sup>2</sup> New Potential Emissions means the potential emissions for the source of emission credits or offsets after project completion (310 CMR 7.00: Appendix A: Emission Offsets and Nonattainment Review).

<sup>3</sup> Emission Reduction Credit (ERC) means the difference between Actual Baseline and New Potential Emissions, including an offset ratio of 1.26:1 (310 CMR 7.00: Appendix B(3)).

6. Complete the table(s) below to summarize the details of each Emission Unit being proposed.

Table 3A			
Facility-Assigned Identifying Number for Equipment (Emission Unit No.)	Description of Equipment Including Manufacturer & Model Number or Equivalent (e.g. Acme Coating Line, Model No. AB12)	Air Contaminant(s) Emitted	Potential Emissions, <sup>1</sup> Uncontrolled (Tons per Consecutive 12-Month Time Period)
<input type="checkbox"/> New <input type="checkbox"/> Modified		PM <sup>2</sup>	
		VOC	
		CO <sub>2</sub>	
		Total HAPs	
		Worst Case Individual HAP <sup>3</sup>	
		Other:	

<sup>1</sup> Potential emissions based on worst case raw material (e.g. coating) using maximum application rate and no air pollution control equipment. (See Section F. Record-Keeping Procedures.)

<sup>2</sup> PM includes particulate matter having a diameter of 10 microns or less (PM<sub>10</sub>) and particulate matter having a diameter of 2.5 microns or less (PM<sub>2.5</sub>).

<sup>3</sup> Calculate Worst Case Individual Hazardous Air Pollutant (HAP) potential emissions based on use of the raw material with the highest individual HAP content.



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#### B. Equipment Description (continued)

Table 3B			
Facility-Assigned Identifying Number for Equipment (Emission Unit No.)	Description of Equipment Including Manufacturer & Model Number or Equivalent (e.g. Acme Coating Line, Model No. AB12)	Air Contaminant(s) Emitted	Potential Emissions, Uncontrolled (Tons per Consecutive 12-Month Time Period)
<input type="checkbox"/> New <input type="checkbox"/> Modified		PM	
		VOC	
		CO <sub>2</sub>	
		Total HAPs	
		Worst Case Individual HAP	
		Other:	

**Note:** If you are proposing more than three Emission Units, complete additional copies of these tables.

Table 3C			
Facility-Assigned Identifying Number for Equipment (Emission Unit No.)	Description of Equipment Including Manufacturer & Model Number or Equivalent (e.g. Acme Coating Line, Model No. AB12)	Air Contaminant(s) Emitted	Potential Emissions, Uncontrolled (Tons per Consecutive 12-Month Time Period)
<input type="checkbox"/> New <input type="checkbox"/> Modified		PM	
		VOC	
		CO <sub>2</sub>	
		Total HAPs	
		Worst Case Individual HAP	
		Other:	

7. Does your proposed project involve coating and/or printing operation(s)? ☐ Yes\* ☐ No

\*If Yes, complete and attach to this application Form BWP AQ Coatings & Inks.

8. Are you proposing an Air Pollution Control Device (PCD)? ☐ Yes\* ☐ No

\*If Yes, complete Table 4 on the next page to summarize the details of each PCD being proposed.



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**B. Equipment Description** (continued)

**Note:** If you are proposing one or more Air Pollution Control Devices (PCDs), you must also submit the applicable Supplemental Form(s). See Page 6 for additional information.

Table 4A					
Facility-Assigned Identifying Number & Description of Air Pollution Control Device (PCD)	Emission Unit No. Served by PCD	Air Contaminant(s) Controlled	Capture Efficiency (CE), Percent by Weight (CE is Presumed to be 100% Based on Permanent Total Enclosure (PTE), 40 CFR 51 Appendix B Method 204)	Destruction Efficiency (DE) or Removal Efficiency (Percent by Weight)	Overall Control (Percent by Weight (CE*DE)/100)
Facility I.D. No.  Description  <input type="checkbox"/> New  <input type="checkbox"/> Existing		PM <sup>1</sup>			
		VOC			
		Total HAPs			
		Individual HAP			
		Other:			

<sup>1</sup> PM includes particulate matter having a diameter of 10 microns or less (PM<sub>10</sub>) and particulate matter having a diameter of 2.5 microns or less (PM<sub>2.5</sub>).

**Note:** If you are proposing more than two Air Pollution Control Devices (PCDs), complete additional copies of these tables.

Table 4B					
Facility-Assigned Identifying Number & Description of Air Pollution Control Device (PCD)	Emission Unit No. Served by PCD	Air Contaminant(s) Controlled	Capture Efficiency (CE) (Percent by Weight; CE is Presumed to be 100% Based on Permanent Total Enclosure (PTE), 40 CFR 51 Appendix B Method 204)	Destruction Efficiency (DE) or Removal Efficiency (Percent by Weight)	Overall Control (Percent by Weight (CE*DE)/100)
Facility I.D. No.  Description  <input type="checkbox"/> New  <input type="checkbox"/> Existing		PM			
		VOC			
		Total HAPs			
		Individual HAP			
		Other:			



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## B. Equipment Description (continued)

### Supplemental Forms Required

If you are proposing one or more PCDs, you will also need to submit the applicable form(s) below.

If Your Project Includes:	You Must File Form(s):
Wet or Dry Scrubbers	BWP AQ Scrubber
Cyclone or Inertial Separators	BWP AQ Cyclone
Fabric Filter	BWP AQ Baghouse/Filter
Adsorbers	BWP AQ Adsorption Equipment
Afterburners or Oxidizers	BWP AQ Afterburner/Oxidizer
Electrostatic Precipitators	BWP AQ Electrostatic Precipitator
Selective Catalytic Reduction	BWP AQ Selective Catalytic Reduction
Sorbent/Reactant Injection	BWP AQ Sorbent/Reactant Injection

**Note:** The installation of some process equipment can cause off-site noise if proper precautions are not taken. For additional guidance, see the MassDEP Noise Pollution Policy Interpretation.

9. Complete the table below to summarize all associated noise suppression equipment, if any is being proposed, and attach a completed Form BWP AQ Sound to this application (unless MassDEP waives this requirement).

Table 5			
Emission Unit No(s). Served by Noise Suppression Equipment	Type of Noise Suppression Equipment (e.g. Mufflers, Acoustical Enclosures)	Equipment Manufacturer	Equipment Model No.

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**B. Equipment Description** (continued)

10. Is there any external noise generating equipment associated with the proposed project? ☐ Yes ☐ No – Skip to 12

11. Have you attached a completed Form BWP AQ Sound to this application? ☐ Yes ☐ No\*

\*If No, explain:

12. Describe the potential for visible emissions from the proposed project and how they will be controlled:

13. Describe the potential for odor impacts from the proposed project and how they will be controlled:

**C. Stack Description**

Complete the table below to summarize the details of the proposed project's stack configuration.

**Table 6**

Emission Unit No.	Stack Height Above Ground (Feet)	Stack Height Above Roof (Feet)	Stack Exit Diameter or Dimensions (Feet)	Exhaust Gas Exit Temperature Range (Degrees Fahrenheit)	Exhaust Gas Exit Velocity Range (Feet per Second)	Stack Liner Material

**Note:** Discharge must meet Good Air Pollution Control Engineering Practice. When designing stacks, special consideration must be given to nearby structures and terrain to prevent emissions downwash and adverse impacts upon sensitive receptors. Stack must be vertical, must not impede vertical exhaust gas flow, and must be a minimum of 10 feet above rooftop or fresh air intake, whichever is higher. For additional guidance, refer to the MassDEP "Stack Design General Guidelines." See the instructions for a link.



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#### D. Best Available Control Technology (BACT) Emissions

1. Complete the table(s) below to summarize the proposed project's BACT emissions.

Table 7A						
Emission Unit No.	Air Contaminant	Uncontrolled Emissions (Pounds per Hour [lbs/hr], Grains per Actual Cubic Foot [gr/acf], Grains per Dry Standard Cubic Foot [gr/dscf], or Parts per Million on a Dry Volume Corrected Basis [ppmvd@ %O <sub>2</sub> or CO <sub>2</sub> ])	Proposed BACT Emissions (lbs/hr, gr/acf, gr/dscf, or ppmvd@ %O <sub>2</sub> or CO <sub>2</sub> )	Proposed Consecutive 12-Month Time Period Emissions, if Any (Tons)  (Enter "N/A" if not requesting a long-term emissions cap)	Proposed Monthly Time Period Emissions Restrictions <sup>1</sup> (Tons)  (Enter "N/A" if not requesting a monthly emissions cap)	Proposed Production or Operational Limits <sup>2</sup>  (Enter "N/A" if not requesting a production or operational limit)
	PM <sup>3</sup>					
	VOC					
	Total HAPs					
	Individual HAP					
	CO <sub>2</sub>					
	Other:					

<sup>1</sup> Provide a monthly emission restriction if proposing a 12-month time period restriction.

<sup>2</sup> Provide a definitive method to monitor and document compliance with any emission(s) limit(s) to be contained in a written MassDEP Approval. Production or operational limits are but one method that may be used. To foster pollution prevention, you may propose other methods, subject to approval by MassDEP.

<sup>3</sup> PM includes particulate matter having a diameter of 10 microns or less (PM<sub>10</sub>) and particulate matter having a diameter of 2.5 microns or less (PM<sub>2.5</sub>).

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#### D. Best Available Control Technology (BACT) Emissions (continued)

Table 7B						
Emission Unit No.	Air Contaminant	Uncontrolled Emissions (lbs/hr, gr/acf, gr/dscf, or ppmvd@ %O <sub>2</sub> or CO <sub>2</sub> )	Proposed BACT Emissions (lbs/hr, gr/acf, gr/dscf, or ppmvd@ %O <sub>2</sub> or CO <sub>2</sub> )	Proposed Consecutive 12-Month Time Period Emissions, if Any (Tons)	Proposed Monthly Time Period Emissions Restrictions (Tons)	Proposed Production or Operational Limits
	PM					
	VOC					
	Total HAPs					
	Individual HAP					
	CO <sub>2</sub>					
	Other:					

**Note:** If you are proposing more than three Emission Units, complete additional copies of these tables.

Table 7C						
Emission Unit No.	Air Contaminant	Uncontrolled Emissions (lbs/hr, gr/acf, gr/dscf, or ppmvd@ %O <sub>2</sub> or CO <sub>2</sub> )	Proposed BACT Emissions (lbs/hr, gr/acf, gr/dscf, or ppmvd@ %O <sub>2</sub> or CO <sub>2</sub> )	Proposed Consecutive 12-Month Time Period Emissions, if Any (Tons)	Proposed Monthly Time Period Emissions Restrictions (Tons)	Proposed Production or Operational Limits
	PM					
	VOC					
	Total HAPs					
	Individual HAP					
	CO <sub>2</sub>					
	Other:					



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**D. Best Available Control Technology (BACT) Emissions** (continued)

**Note:** Top-Case BACT is the emission rate identified via the MassDEP BACT Guidance or a pre-application meeting with MassDEP.

2. Are proposed BACT emission limits in the previous table(s) ☐ Yes ☐ No  
Top-Case BACT as referenced in 310 CMR 7.02(8)(a)2.a?
3. Are proposed BACT emission limits established using the approach ☐ Yes ☐ No  
defined in 310 CMR 7.02(8)(a)2.b?

If you answered **Yes** to Question 3, provide details below:

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If you answered **No** to both questions above, you must attach to this application a completed Form BWP AQ BACT to demonstrate that this project meets BACT as provided in 310 CMR 7.02(8)(a)2 or 310 CMR 7.02(8)(a)2.c.

**E. Monitoring Procedures**

Complete the table below to summarize the details of the proposed project's monitoring procedures.

Table 8			
Emission Unit No.	Type or Method of Monitoring (e.g. CEMS <sup>1</sup> , Flow Meter)	Parameter/Emission Monitored	Frequency of Monitoring

<sup>1</sup>CEMS = Continuous Emissions Monitoring System

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## F. Record Keeping Procedures

Complete the table below to summarize the details of the proposed project's record keeping procedures. Proposed record keeping procedures need to be able to demonstrate your compliance status with regard to all limitations/restrictions proposed herein. Record keeping may include, but is not limited to, hourly or daily logs, meter charts, time logs, purchase records, raw material records, and CEMS records.

Table 9			
Emission Unit No.	Parameter/Emission (e.g. Temperature, Material Usage, Air Contaminant)	Record Keeping Procedures (e.g. Data Logger or Manual)	Frequency of Data Record (e.g. Hourly, Daily)

Examples of emissions calculations for record keeping purposes:

- Worst case coating/ink/other contains 5.5 pounds of **VOC** per gallon of coating
- Process application rate = 3.0 gallons of coating/ink/other applied per hour
- Process operates 1,800 hours per consecutive 12-month time period

3.0 gallons per hour X 5.5 lbs of **VOC** per gallon X 1,800 hours per consecutive 12-month time period X 1 ton per 2,000 pounds = 14.8 tons of **VOC** per consecutive 12-month time period

-or-

- Worst case coating/ink/other contains 5.5 pounds of **VOC** per gallon of coating
- Process utilized 5,678 gallons of coating per consecutive 12-month time period

5,678 gallons per consecutive 12-month time period X 5.5 pounds **VOC** per gallon X 1 ton per 2,000 pounds = 15.6 tons of **VOC** per consecutive 12-month time period

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**G. Additional Information Checklist**

**Note:** For guidance and specific Top-Case BACT requirements, see the instructions.

Attach a specific facility description and the following required additional information that MassDEP needs to process your application. Check the box next to each item to ensure that your application is complete.

- ☐ Plot Plan
- ☐ Equipment Manufacturer Specifications, including but not limited to Material Safety Data Sheets, Technical Data Composition Sheets, etc.
- ☐ Equipment Standard Operating Procedures
- ☐ Equipment Standard Maintenance Procedures, Including Cleaning Method & Frequency
- ☐ Calculations to Support This Plan Application
- ☐ Air pollution control device manufacturer specifications, if applicable
- ☐ Air pollution control device standard operating procedures, if applicable
- ☐ Air pollution control device standard maintenance procedures, if applicable
- ☐ Process flow diagram
- ☐ BWP AQ BACT Form, if not proposing Top-Case BACT
- ☐ Process flow diagram for the proposed equipment and any PCD, if applicable, including relevant parameters (e.g. flow rate, pressure and temperature)

**Note:** Pursuant to 310 CMR 7.02(5)(c), MassDEP may request additional information.

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**H. Other Regulatory Considerations**

Indicate below whether the proposed project is subject to any additional regulatory requirements.

310 CMR 7.00: Appendix A Nonattainment Review, or is netting used to avoid review ☐ Yes ☐ No  
under 310 CMR 7.00 Appendix A or 40 CFR 52.21?

40 CFR 60: New Source Performance Standards (NSPS)? ☐ Yes ☐ No

If Yes: Which subpart? Applicable emission limitation(s):

40 CFR 61: National Emission Standards for Hazardous Air Pollutants (NESHAPS) ☐ Yes ☐ No



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If Yes: Which subpart?

Applicable emission limitation(s):

#### H. Other Regulatory Considerations (continued)

40 CFR 63: NESHAPS for Source Categories – Maximum Achievable (MACT) or Generally Available (GACT) Control Technology

☐ Yes ☐ No

If Yes: Which subpart?

Applicable emission limitation(s):

301 CMR 11.00: Massachusetts Environmental Policy Act (MEPA)?

☐ Yes ☐ No

If Yes: EOEA No.:

Other Applicable Requirements?

☐ Yes ☐ No

If Yes: Specify:

Facility-Wide Potential-to-Emit Hazardous Air Pollutants (HAPS):

☐ Major\* ☐ Non-Major

\*A Major source has a facility-wide potential-to-emit of 25 tons per year or more of the sum of all hazardous air pollutants or 10 tons per year or more of any individual hazardous air pollutant.

#### I. Professional Engineer's Stamp

The seal or stamp and signature of a Massachusetts Registered Professional Engineer (P.E.) must be entered below. Both the seal or stamp impression and the P.E. signature must be original. This is to certify that the information contained in this form has been checked for accuracy, and that the design represents good air pollution control engineering practice.

\_\_\_\_\_  
P.E. Name (Type or Print)

\_\_\_\_\_  
P.E. Signature

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
P.E. Number

Place P.E. Seal or Stamp Here.

**Continue to Certification by Responsible Official ►**



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#### J. Certification by Responsible Official

The signature below provides the affirmative demonstration pursuant to 310 CMR 7.02(5)(c)8 that any facility(ies) in Massachusetts, owned or operated by the proponent for this project (or by an entity controlling, controlled by or under common control with such proponent) that is subject to 310 CMR 7.00, et seq., is in compliance with, or on a MassDEP approved compliance schedule to meet, all provisions of 310 CMR 7.00, et seq., and any plan approval, order, notice of noncompliance or permit issued thereunder. This Form must be signed by a Responsible Official working at the location of the proposed new or modified facility. Even if an agent has been designated to fill out this Form, the Responsible Official must sign it. (Refer to the definition given in 310 CMR 7.00.)

**I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.**

Responsible Official Name (Type or Print)

Responsible Official Signature

Responsible Official Title

Responsible Official Company/Organization Name

Date (MM/DD/YYYY)

This Space Reserved for  
MassDEP Approval Stamp.

Continue to Energy Efficiency Evaluation Survey ►



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#### K. Energy Efficiency Evaluation Survey

1. Do you know where your electricity and/or fuel and/or water and/or heat and/or compressed air is being used/consumed? ☐ Yes ☐ No
2. Has your facility had an energy audit performed by your utility supplier (or other) in the past two years?<sup>1</sup> ☐ Yes ☐ No
  - a. Did the audit include evaluations for heat loss, lighting load, cooling requirements and compressor usage? ☐ Yes ☐ No
  - b. Did the audit influence how this project is configured? ☐ Yes ☐ No
3. Does your facility have an energy management plan? ☐ Yes ☐ No
  - a. Have you identified and prioritized energy conservation opportunities? ☐ Yes ☐ No
  - b. Have you identified opportunities to improve operating and maintenance procedures by employing an energy management plan? ☐ Yes ☐ No
4. Has each emission unit proposed herein been evaluated for energy consumption including average and peak electrical use; efficiency of electric motors and suitability of alternative motors such as variable speed; added heat load and/or added cooling load as a result of the operation of the proposed process; added energy load due to building air exchange requirements as a result of exhausting heat or emissions to the ambient air; and/or use of compressors? ☐ Yes ☐ No
5. Has your facility considered alternative energy methods such as solar, geothermal or wind power as a means of supplementing all or some of the facility's energy demand? ☐ Yes ☐ No
6. Does your facility comply with Leadership in Energy & Environmental Design (LEED) Green Building Rating System design recommendations?<sup>2</sup> ☐ Yes ☐ No

<sup>1</sup>A facility wide energy audit would include an inspection of such things as lighting, air-conditioning, heating, compressors and other energy-demand equipment. It would also provide you with information on qualifying equipment rebates and incentive programs; analysis of your energy consumption patterns and written cost-savings recommendations and estimated cost savings for installing new, high-efficiency equipment.

<sup>2</sup>To understand the LEED Rating System, it is important to become familiar with its comprising facets. To be considered for LEED New Construction and Major Renovations, a building must meet specific prerequisites and additional credit areas within six categories:

- Sustainable Sites
- Materials and Resources
- Water Efficiency
- Indoor Environmental Quality
- Energy and Atmosphere
- Innovation and Design